

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

RECEIVED

DEC 17 2007 aur

MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

DEC 17 2007

Stevie Jackson

(Enter above the full name of the plaintiff or plaintiffs in this action) 07cv7066 JUDGE ANDERSEN MAG.JUDGE COLE

(To be supplied by the Clerk of this Court)

Hyorchicago

chicago police Department

Phillip cline

SG+ Bates 2104

Officer Singleton 1939

(Enter above the full name of ALL defendants in this action. Do not use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE 28 SECTION 1331(a) U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

	A.	Name: Steve Jackson	
	В.	List all aliases: Derrick Jackson	
	C.	Prisoner identification number: 20060060297	
	D.	Place of present confinement: Cook County Sail	
	Е.	Address: 2600 S. CALIFORNIA, Chgo, IL Coloos	
	(If th I.D. paper	ere is more than one plaintiff, then each plaintiff must list his or her name, aliases, number, and current address according to the above format on a separate sheet of	
н.	Defendant(s): (In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)		
	A.	Defendant: Ctyofchicago	
		Title:	
		Place of Employment:	
	В.	Defendant: Chicago Police Department	
		Title:	
		Place of Employment:	
	C.	Defendant: Phillip Kline	
		Title:	
		Place of Employment:	

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

T. D. Defendant: SG+ bates #2104

Title: Super vising chicago Police officer.

Place of Employment: Homan + Filmore -Belmont + Western

E. Defendant: Officer Singleton# 19339 Title: Chicago Police officer

Place of Employment: Homan+ Filmore Belmont & Western

F. Defendant: Officer LoffRedo#9734
Title: Chicago police officer
Place of Employment: Homan + Filmore
Belmont + Western

III. **Exhaustion of Administrative Remedies**

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

Is there a grievance procedure available at your institution? A.

YES (V) NO () If there is no grievance procedure, skip to F.

Have you filed a grievance concerning the facts in this complaint? В.

YES () NO (2/)

C. If your answer is YES:

> 1. What steps did you take?

2. What was the result?

If the grievance was not resolved to your satisfaction, did you appeal? What 3. was the result (if there was no procedure for appeal, so state.)

If your answer is NO, explain why not: D.

ISON out side matter. They said could not grieve the Police from within this

E.	Is the grievance procedure now completed? YES (NO ()
F.	If there is no grievance procedure in the institution, did you complain to authorities? YES (1/2) NO ()
G.	If your answer is YES:
	1. What steps did you take? Twote o. P.S. I Sent
	them acopy of the hospital Twury
	Report
Н.	2. What was the result? They told me the complaint ISON File. They said I should complain to your answer is NO, explain why not:

A.	Name of case and docket number:
В.	Approximate date of filing lawsuit:
C.	List all plaintiffs (if you had co-plaintiffs), including any aliases:
D.	List all defendants:
E.	Court in which the lawsuit was filed (if federal court, name the district; if court, name the county):
F.	Name of judge to whom case was assigned:
G.	Basic claim made:
Н.	Disposition of this case (for example: Was the case dismissed? Was it appears it still pending?):

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

My Complaint is against the cituof chicago. ago police department wer again 4-tive do mu moneu iom that neightbor hood now any of Idn't Know theu Soud the came 5

With that crime. I have proof that they wanted to charge me with some sort of AGG ravated battery With a Knife when the lady came to the car and said - wasn't the aug, they got very angry with me SGt. bates 2104 kept punching me in my body and slapping me Office Loffredo # 9734 Kept punching me and apping me aswell. Then officer l Started chocking me and holding me down for SG+ bates 2104. Then they told me Iwas going total Pictures were taken of my Induries at the county. ON 1-23-07, I was accested by 5Gt. bates #2104 and officer Singleton # 19339. Officer Singleton 19339, Stompedme in the head and all over my body. SG+ bates 2104, kept Duniching me IN my Ribs and chest. They were both chocking me Theytook five-hundred-Sixty-Six-dollarsfrom me. They said if I were to go to the hospital, they Would put another case on me. I was beaten so badly that the T: Am Shift officers had to take me to the hospital. Trunstaken to those x hospital. ON both cases, Pictures were taken of the bruises re Police Left me with. Everytime Soft bates see me, Hetakes my Money and beat on me. VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Twant the Court to he	earmy case, Look over the
INJURY Report, and	make them pay for Inducing y did. Also, they need to
me the way that the	y did. Also, they need to
fire these crooked ed	30S

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 24 day of Sept, 2007
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Steve Jackson
(Signature of plaint ff or plaintiffs)
Steve Jackson
(Print name)
20060060297
(I.D. Number)
2600 S. CALIFORNIA DIV. 102-C
P.O. box 089002
Chao, IL looko8
(Address)